|   |  |   |                                       |                                |                     |  |            | A           | Application or Docket Number |         |                     |                        |  |
|---|--|---|---------------------------------------|--------------------------------|---------------------|--|------------|-------------|------------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD   |  |   |                                       |                                |                     |  |            |             |                              |         | •                   |                        |  |
| Effective October 1, 2003   |  |   |                                       |                                |                     |  |            |             | 10806756                     |         |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                                |                     |  |            | MALL E      | YTITY                        | OR      | OTHER THAN          |                        |  |
| TC  | TAL CLAIMS                                     |   | ₹.                                    |                                | •                   |  | Γ          | RATE        | FEE                          | 1       | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                          |                                | NUMBER EXTRA        |  | •          | DASIC FEE   | 385.00                       | OR      | Basic Fee           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3 minus 20=                           |                                | • 🔗                 |  |            | X\$ 9=      |                              | OR      | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                             |                                | · 15                |  |            | X43=        |                              | OR      | X86=                |                        |  |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT                                |                                |                     |  | Ī          | +145=       |                              | ОЯ      | +290=               |                        |  |
| • 11  | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                                |                     |  | _          | TOTAL       |                              | OR      | TOTAL               | 7.70                   |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                                       |                                |                     |  |            | SMALL:      | ENTITY                       | OR      | OTHER<br>SMALL      |                        |  |
| MTA   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                       | HIGH<br>NUM<br>PREVIO          | EST<br>BER<br>DUSLY | PRESENT  |            | RATE        | ADDI-<br>TIONAL<br>FEE       |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total  | . 5                                       | Minus                                 | -2                             | D                   | -/-  | ŀ          | X\$ 9=      |                              | OR      | X\$18=              |                        |  |
|   | Independent                                    | • /                                       | Minus .                               | •••                            | 3 /                 | 8  |            | X43=        |                              | OR      | X86=                |                        |  |
| ك   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |                     |  | <b>ا</b> ا | +145=       | -                            | OR      | +290=               |                        |  |
|   |  |   |                                       |                                |                     |  |            | TOTAL       |                              | 00      | TOTAL               |                        |  |
|   |  | A   | DDIT. FEE                             |                                | JON.                | ADDIT. FEE!                                    |            |             |                              |         |                     |                        |  |
| Ò   | 7  | (Column 1)<br>CLAIMS                      | (Column 2) (Column 3)                 |                                |                     |  | <b>]</b>   |             | ADDI-                        |         |                     | ADDI-                  |  |
| AMENDMENT B   | 1/18/11  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PAID                           | DUSLY               | PRESENT<br>EXTRA                               |            | RATE        | TIONAL<br>FEE                |         | RATE                | TIONAL<br>FEE          |  |
|   | Total  | • 6                                       | Minus                                 | - 21                           | ŋ                   | • / ·  |            | X\$ 9≖      | .,                           | OR      | X\$18=              | 1                      |  |
|   | Independent                                    | • /                                       | Minus                                 | -3                             |                     | <u> -   .                                 </u> | ┇╏         | X43=        |                              | OR      | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |                     |  | <b>,</b> [ | +145=       | 7                            | OR      | +290=               | / ,                    |  |
| TOTAL /   |  |   |                                       |                                |                     |  |            |             |                              | OR      | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                                |                     |  |            |             |                              |         |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                     | HIGH<br>HUM<br>PRIEVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT  |            | RATE        | ADDI-<br>TIONAL<br>FEE       |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                                 | ••                             |                     | •  | r          | X\$ 9=      |                              | OR      | X\$18=              |                        |  |
|   | Independent                                    | • .                                       | Minus                                 | ***                            |                     |  | <b> </b>   | X43=        |                              | OR      | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |                     |  | <b>!</b>   |             |                              |         |                     |                        |  |
| * If the entry in column 1 is less than the entry in polumn 2, write "O" in bolumn 3.   |  |   |                                       |                                |                     |  |            |             |                              | OR .    | +290=               |                        |  |
| ** If the entry is couldn't 15 less than the dray is couldn't 2, write "Unit couldn't 3.  ** If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."  **ADOIT, FEE  **Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                       |                                |                     |  |            |             |                              | OR      | TOTAL<br>ADDIT. FEE | L                      |  |
|   |  | ber Proviously Pal                        |                                       |                                |                     |  | er toun    | d in the ep | propriate ba                 | t in co | turno 1.            |                        |  |